



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MS First Named

Inventor : Robert L. Bradee

Appln. No. : 09/765,488

Filed : January 18, 2001

Group Art Unit: 2135

Title : COMPUTER SECURITY SYSTEM

Examiner: Wu, Allen S.

Docket No. : C543.12-0001

**EXPRESS MAIL COVER SHEET**

Mail Stop Amendment  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SENT VIA EXPRESS MAIL**  
Express Mail No.: EV 485709261 US

The following papers are being transmitted via **EXPRESS MAIL** to the U.S. Patent and Trademark Office on the date shown below:

1. Fee Transmittal (in duplicate);
2. Petition for a Three-Month Extension of Time;
3. Amendment;
4. Check in the amount of \$490.00; and
5. Return receipt postcard.

**RECEIVED**

NOV 16 2004

Technology Center 2100

Respectfully submitted,

KINNEY & LANGE, P.A.

Date: 11/8/04

By

Alan M. Koenck, Reg. No. 43,724  
THE KINNEY & LANGE BUILDING  
312 South Third Street  
Minneapolis, MN 55415-1002  
Telephone: (612) 339-1863  
Fax: (612) 339-6580

DRF:AMK:BAT:bmg

| <b>IP FEE TRANSMITTAL</b><br><b>NOV 8 8 2004</b><br><b>TRADEMARK</b>   |                       | <b>Complete if Known</b>   |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
|--|-----------------------|--|---------------------------------|--|-----------------------|-----------------|----------|-----------------|----------|-------------|---|--------|-----|-------------------------------------|-------------|--|---------------------------------|------|------|--|---|------|-----|------|-----|---|---------------------|------|-------|------|---|--|---|------|-----|------|----|--|---|------|-----|------|-----|---|---|------|-----|------|-----|--|-----|------|-------|------|-----|---|---|------|-------|------|-------|--|---|------|-----|------|-----|--|---|------|-----|------|-----|--------------------------|---|------|-----|------|----|-------------------------|---|------|-----|------|----|----------------------------------|---|------|-------|------|-----|------------------------------------|---|------|-------|------|-----|---------------------------|---|------|-----|------|-----|------------------|---|------|-----|------|-----|-------------------------------|---|------|----|------|----|---|---|------|-----|------|-----|--|---|------|----|------|----|--|---|------|-----|------|-----|---|---|---------------------------|--|--|--|--|--|-----------------------|--|--|--|--|--|
|  |                       | Application No.  | 09/765,488                      |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
|  |                       | Filing Date  | January 18, 2001                |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
|  |                       | First Named Inventor   | Robert L. Bradee                |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
|  |                       | Group Art Unit   | 2135                            |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
|  |                       | Examiner Name  | Wu, Allen S.                    |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| <b>RECEIVED</b>  |                       |  |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Total Amount of Payment \$490.00   |                       | Atty. Docket Number  | C543.12-0001 <b>NOV 16 2004</b> |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| <b>METHOD OF PAYMENT (Check One)</b>   |                       | <b>FEE CALCULATION (Continued) Technology Center 21</b>  |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account <u>No.11-0982</u> .<br>Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed  |                       | <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - Late filing fee or oath</td><td>*</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td>*</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td>*</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For Filing a Request for Reexamination</td><td>*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td>*</td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension for reply within second month</td><td>*</td></tr> <tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td>Extension for reply within third month</td><td>490</td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td><td>*</td></tr> <tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td>Extension for reply within fifth month</td><td>*</td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td><td>*</td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td><td>*</td></tr> <tr><td>1814</td><td>110</td><td>2814</td><td>55</td><td>Terminal Disclaimer Fee</td><td>*</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td>*</td></tr> <tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td><td>Petition to revive - unintentional</td><td>*</td></tr> <tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td><td>Utility/Reissue issue fee</td><td>*</td></tr> <tr><td>1502</td><td>490</td><td>2502</td><td>245</td><td>Design issue fee</td><td>*</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td>*</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td>*</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td>*</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>*</td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td>*</td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="6" style="text-align: right;">Subtotal (3) \$490.00</td> </tr> </tbody> </table> |                                 | Large Entity Fee Code  | Small Entity Fee Code | Fee (\$)        | Fee (\$) | Fee Description | Fee paid | 1051        | 130   | 2051   | 65  | Surcharge - Late filing fee or oath | *           | 1052                                       | 50                              | 2052 | 25   | Surcharge - late provisional filing fee or cover sheet | *   | 1053 | 130 | 1053 | 130 | Non-English specification                       | *                   | 1812 | 2,520 | 1812 | 2,520   | For Filing a Request for Reexamination | * | 1251 | 110 | 2251 | 55 | Extension for reply within first month | * | 1252 | 430 | 2252 | 215 | Extension for reply within second month | * | 1253 | 980 | 2253 | 490 | Extension for reply within third month | 490 | 1254 | 1,530 | 2254 | 765 | Extension for reply within fourth month | * | 1255 | 2,080 | 2255 | 1,040 | Extension for reply within fifth month | * | 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal | * | 1403 | 300 | 2403 | 150 | Request for oral hearing | * | 1814 | 110 | 2814 | 55 | Terminal Disclaimer Fee | * | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | * | 1453 | 1,370 | 2453 | 685 | Petition to revive - unintentional | * | 1501 | 1,370 | 2501 | 685 | Utility/Reissue issue fee | * | 1502 | 490 | 2502 | 245 | Design issue fee | * | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | * | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications | * | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement | * | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | * | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | * | Other fee (specify) _____ |  |  |  |  |  | Subtotal (3) \$490.00 |  |  |  |  |  |
| Large Entity Fee Code  | Small Entity Fee Code | Fee (\$)   | Fee (\$)                        | Fee Description  | Fee paid              |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1051   | 130                   | 2051   | 65                              | Surcharge - Late filing fee or oath  | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1052   | 50                    | 2052   | 25                              | Surcharge - late provisional filing fee or cover sheet                     | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1053   | 130                   | 1053   | 130                             | Non-English specification  | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1812   | 2,520                 | 1812   | 2,520                           | For Filing a Request for Reexamination                                     | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1251   | 110                   | 2251   | 55                              | Extension for reply within first month                                     | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1252   | 430                   | 2252   | 215                             | Extension for reply within second month                                    | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1253   | 980                   | 2253   | 490                             | Extension for reply within third month                                     | 490                   |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1254   | 1,530                 | 2254   | 765                             | Extension for reply within fourth month                                    | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1255   | 2,080                 | 2255   | 1,040                           | Extension for reply within fifth month                                     | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1402   | 340                   | 2402   | 170                             | Filing a brief in support of an appeal                                     | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1403   | 300                   | 2403   | 150                             | Request for oral hearing   | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1814   | 110                   | 2814   | 55                              | Terminal Disclaimer Fee  | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1452   | 110                   | 2452   | 55                              | Petition to revive - unavoidable   | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1453   | 1,370                 | 2453   | 685                             | Petition to revive - unintentional   | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1501   | 1,370                 | 2501   | 685                             | Utility/Reissue issue fee  | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1502   | 490                   | 2502   | 245                             | Design issue fee   | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1460   | 130                   | 1460   | 130                             | Petitions to the Commissioner  | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1807   | 50                    | 1807   | 50                              | Petitions related to provisional applications                              | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1806   | 180                   | 1806   | 180                             | Submission of Information Disclosure Statement                             | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 8021   | 40                    | 8021   | 40                              | Recording each patent assignment per property (times number of properties) | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1801   | 790                   | 2801   | 395                             | Request for Continued Examination (RCE)                                    | *                     |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Other fee (specify) _____  |                       |  |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Subtotal (3) \$490.00  |                       |  |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| <b>FEE CALCULATION</b>   |                       |  |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td><input type="checkbox"/> Utility Filing Fee</td></tr> <tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td><input type="checkbox"/> Design Filing Fee</td></tr> <tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td><input type="checkbox"/> Reissue Filing Fee</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td><input type="checkbox"/> Prov. Filing Fee</td></tr> <tr> <td colspan="5" style="text-align: right;">Subtotal (1) \$0.00</td> </tr> </tbody> </table>  |                       | Large Entity Fee Code  | Small Entity Fee Code           | Fee (\$)   | Fee (\$)              | Fee Description | 1001     | 790             | 2001     | 395         | <input type="checkbox"/> Utility Filing Fee | 1002   | 350 | 2002                                | 175         | <input type="checkbox"/> Design Filing Fee | 1004                            | 790  | 2004 | 395  | <input type="checkbox"/> Reissue Filing Fee | 1005 | 160 | 2005 | 80  | <input type="checkbox"/> Prov. Filing Fee       | Subtotal (1) \$0.00 |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Large Entity Fee Code  | Small Entity Fee Code | Fee (\$)   | Fee (\$)                        | Fee Description  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1001   | 790                   | 2001   | 395                             | <input type="checkbox"/> Utility Filing Fee                                |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1002   | 350                   | 2002   | 175                             | <input type="checkbox"/> Design Filing Fee                                 |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1004   | 790                   | 2004   | 395                             | <input type="checkbox"/> Reissue Filing Fee                                |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1005   | 160                   | 2005   | 80                              | <input type="checkbox"/> Prov. Filing Fee                                  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Subtotal (1) \$0.00  |                       |  |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total</td><td>26</td><td>26</td><td>= 0 X * = *</td><td></td></tr> <tr><td>Indep.</td><td>4</td><td>4</td><td>= 0 X * = *</td><td></td></tr> <tr> <td colspan="5">Multiple Dependent Claims * = *</td> </tr> </tbody> </table>  |                       | Number Claims  | Prior**                         | Extra  | Fee from Below        | Fee Paid        | Total    | 26              | 26       | = 0 X * = * |   | Indep. | 4   | 4                                   | = 0 X * = * |  | Multiple Dependent Claims * = * |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Number Claims  | Prior**               | Extra  | Fee from Below                  | Fee Paid   |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Total  | 26                    | 26   | = 0 X * = *                     |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Indep.   | 4                     | 4  | = 0 X * = *                     |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Multiple Dependent Claims * = *  |                       |  |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| **Insert 3 and 20, or number previously paid if greater; Reissue see below   |                       |  |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>88</td><td>2201</td><td>44</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>Multiple Dependent Claim</td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>Reissue Independent Claims Over Original Patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="5" style="text-align: right;">Subtotal (2) \$0.00</td> </tr> </tbody> </table> |                       | Large Entity Fee Code  | Small Entity Fee Code           | Fee (\$)   | Fee (\$)              | Description     | 1202     | 18              | 2202     | 9           | Claims in excess of 20                      | 1201   | 88  | 2201                                | 44          | Independent claims in excess of 3          | 1203                            | 300  | 2203 | 150  | Multiple Dependent Claim                    | 1204 | 88  | 2204 | 44  | Reissue Independent Claims Over Original Patent | 1205                | 18   | 2205  | 9    | Reissue claims in excess of 20 and over original patent | Subtotal (2) \$0.00                    |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Large Entity Fee Code  | Small Entity Fee Code | Fee (\$)   | Fee (\$)                        | Description  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1202   | 18                    | 2202   | 9                               | Claims in excess of 20   |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1201   | 88                    | 2201   | 44                              | Independent claims in excess of 3  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1203   | 300                   | 2203   | 150                             | Multiple Dependent Claim   |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1204   | 88                    | 2204   | 44                              | Reissue Independent Claims Over Original Patent                            |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| 1205   | 18                    | 2205   | 9                               | Reissue claims in excess of 20 and over original patent                    |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |
| Subtotal (2) \$0.00  |                       |  |                                 |  |                       |                 |          |                 |          |             |   |        |     |                                     |             |  |                                 |      |      |  |   |      |     |      |     |   |                     |      |       |      |   |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |     |      |     |  |     |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |     |      |     |                          |   |      |     |      |    |                         |   |      |     |      |    |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |  |  |                       |  |  |  |  |  |

Signature Al Kank Reg. No. 43,724

---

Alan M. Koenck

Date November 8, 2004

Deposit Account No. 11-0982